

**EVENT HISTORY DETAILS**  
 PUTNAM COUNTY SHERIFF'S DEPT.  
 Event Number - 2019-007967  
 Case Number(s) - 2019-000858

<b>Event Details:</b>			
Event #:	2019-007967	Call Type:	ASSTA - ASSIST POLICE AGENCY
Received Date:	03/02/2019	Received Time:	23:20:59
Sent to Dispatch:	23:24:40	Dispatcher:	PC301
Received From:	PHONE	Responder:	
		First at Scene:	
		Mail:	NO
		Distribution:	
		Priority:	1
		Position:	DISPTCH 3
		Last Clear:	00:06:19
<b>Event Location:</b>			
Common:			
Street:	10 LAFAYETTE RD. PATTERSO	Apt/Suite:	
X-Street:	WESLEY RD / FAIRFIELD DR		
Zone:	S-L	Map co-ords:	
<b>Complainant:</b>			
Name:	COTTE, WENDY	Contact:	MEET COMP
Address:	10 LAFAYETTE RD PATTERSON NY	Phone #:	(917) 9956046
Alarm Co.:		Op #:	
	Ref #:		
<b>Narrative</b>			
03/02/19 23:24 PC301 DISPTCH 3: NEW FAIRFIELD PD ON SCENE STATING NEG PROBLEM. RESIDENCE ACTUALLY IN PUTNAM LAKE. CALL RECEIVED AS FATHER HOME DRUNK WITH 8 YEAR OLD.			
03/02/19 23:24 PC301 DISPTCH 3: PERSON: (COMPLAINANT) (FMLS) WENDY COTTE			
03/02/19 23:46 PC301 DISPTCH 3: UNIT(S) PC32-AS TIMER UPDATE			
03/02/19 23:46 PC307 DISPTCH2: UNIT(S) PC32-AS TIMER UPDATE			
03/03/19 00:07 PC32 PC32: REPORT TO FOLLOW			
<b>Call Summary:</b>			
Units Dispatched:	YES	Case #(s) Assigned:	YES
		Final Disposition:	NECESSARY ACTION TAKEN

Agency ORI# <b>NY0390000</b>	<b>PUTNAM COUNTY SHERIFF'S DEPT.</b> Three County Center , Carmel, NY, 10512 <b>INCIDENT ( RMS )</b>	AGENCY REPORT NUMBER <b>2019-000858</b> 1. Original Juvenile <input checked="" type="checkbox"/> 2. Supplement <input type="checkbox"/> <b>1</b>
Phone <b>(845) 2254300</b>		

Agency ORI Number <b>NY0390000</b>		Agency Name <b>PUTNAM COUNTY SHERIFF'S DEPT.</b>		Agency Report Number <b>2019-000858</b>	
Reported Day <b>Saturday</b>	Date <b>03/02/2019</b>	Time(mil) <b>23:20</b>	Time Dispatched (mil) <b>23:28</b>	Time Arrived (mil) <b>23:43</b>	Time Completed (mil) <b>00:00</b>
Incident Day From <b>SATURDAY</b>	Date <b>03/02/2019</b>	Time (mil) <b>23:20</b>	Day To <b>SATURDAY</b>	Date <b>03/02/2019</b>	Time (mil) <b>23:20</b>
Incident Type <b>FAMILY DISPUTE</b>					

## OFFENSE(S)

## LOCATION

Incident Location (Common Name, Street, Apt. Number) <b>- 10 LAFAYETTE RD / WESLEY RD &amp; FAIRFIELD DR</b>		City, State <b>PATTERSON</b>
Cross Streets <b>WESLEY RD &amp; FAIRFIELD DR</b>		
Zip <b>S-L</b>	Geographic Indicator <b>S-L</b>	Location Type <b>RESIDENCE-SINGLE</b>

## NARRATIVE

PTL RESPONDED FOR A CHILD WHO DID NOT FEEL SAFE WITH HER FATHER WHILE AT HIS RESIDENCE FOR THE WEEKEND.

## ADMINISTRATIVE

Report Contains <b>DIR</b>		Related Report Number(s)							
Officer(s) Reporting <b>VARBERO, THOMAS</b>	ID. Number <b>Pc32</b>	Name		ID. Number	Unit <b>PC32</b>	Date <b>03/03/2019</b>			
Officer Reviewing (If Applicable) <b>LOMBARDO, SCOTT E.</b>	ID. Number <b>Pc107</b>	Approved Date <b>03/14/2019</b>	# Offenses <b>0</b>	# Victims <b>2</b>	# Offenders <b>1</b>	# Premises Ent. <b>0</b>	# Vehicles Stolen <b>0</b>	# Arrested <b>0</b>	
Routed To <b>CRIMINAL INVEST</b>		Referred To							
Assigned To		Assigned By				Assigned Date			
Case Status <b>OPEN</b>		Exception Type				Date Cleared			

## INCIDENT - PERSON(S) ( RMS )

Juvenile



1. Original

2. Supplement



Agency ORI Number <b>NY0390000</b>	Agency Name <b>PUTNAM COUNTY SHERIFF'S DEPT</b>	Agency Report Number <b>2019-000858</b>
Original Report Date <b>03/02/2019</b>	Incident Type <b>FAMILY DISPUTE</b>	

## VICTIM/WITNESS

Offense Ind.	VW Code <b>VICTIM</b>	Victim Type <b>INDIVIDUAL</b>	Juvenile <b>YES</b>	Name (First Middle Last +Family) [REDACTED]			
Family / Maiden Name		Place of Birth <b>NY</b>		Citizenship <b>UNITED STATES</b>		Occupation	
Address (Street, Apt. Number) <b>1905 2ND AV 10F</b>		City <b>NEW YORK</b>		State <b>NY</b>	Zip <b>10029</b>	Phone <b>(917)995-6046</b>	
Employer / School		Address		City		State	Zip
Synopsis of Involvement Victim DID receive information on Victim's Rights and Services Pursuant to State Law							
Driver License Number		DL State <b>NY</b>	Driver License Class		Driver License Expiration	Driver License Status	Suspension Length <b>0</b>
Social Security Number	Res. Type <b>N/A</b>	Res. Status <b>N/A</b>	INS# <b>0</b>	NCIC#	Arrest#	OBTS#	
Race <b>HISPANIC</b>	Ethnicity		Sex <b>FEMALE</b>	Date of Birth [REDACTED]	Age <b>8</b>	Height	Weight
Hair Color	Hair Length	Hair Style	Facial Hair	Eye Color	Complexion		
Scars / Marks / Tattoos (Location / Describe)							
Amputee		Special Identifiers				Unusual Features	
Injury Type(s)	Extent of Injury <b>NONE</b>	Mental / Physical Condition		Medication Required / Type		Doctor / Medical (Name, Phone Number)	
Medical Aid Given	Treated	Sobriety		Transported?	Transported To:	Beginning Mileage:	Ending Mileage:

## VICTIM/WITNESS

Offense Ind.	VW Code <b>VICTIM</b>	Victim Type <b>INDIVIDUAL</b>	Juvenile <b>NO</b>	Name (First Middle Last +Family) <b>WENDY COTTE</b>			
Family / Maiden Name		Place of Birth <b>NY</b>		Citizenship <b>UNITED STATES</b>		Occupation	
Address (Street, Apt. Number) <b>1905 2ND AV 10F</b>		City <b>NEW YORK</b>		State <b>NY</b>	Zip <b>10029</b>	Phone <b>(917)995-6046</b>	
Employer / School		Address		City		State	Zip
Synopsis of Involvement Victim DID receive information on Victim's Rights and Services Pursuant to State Law							
Driver License Number		DL State <b>NY</b>	Driver License Class		Driver License Expiration	Driver License Status	Suspension Length <b>0</b>
Social Security Number	Res. Type <b>N/A</b>	Res. Status <b>N/A</b>	INS# <b>0</b>	NCIC#	Arrest#	OBTS#	
Race <b>HISPANIC</b>	Ethnicity		Sex <b>FEMALE</b>	Date of Birth [REDACTED]	Age <b>39</b>	Height	Weight
Hair Color	Hair Length	Hair Style	Facial Hair	Eye Color	Complexion		
Scars / Marks / Tattoos (Location / Describe)							
Amputee		Special Identifiers				Unusual Features	
Injury Type(s)	Extent of Injury <b>NONE</b>	Mental / Physical Condition		Medication Required / Type		Doctor / Medical (Name, Phone Number)	
Medical Aid Given	Treated	Sobriety		Transported?	Transported To:	Beginning Mileage:	Ending Mileage:

## ADMINISTRATIVE

Report Contains <b>DIR</b>		Related Report Number(s)					
Officer(s) Reporting <b>VARBERO, THOMAS</b>	ID. Number <b>Pc32</b>	Name		ID. Number	Unit <b>PC32</b>	Date <b>03/03/2019</b>	
Officer Reviewing (If Applicable) <b>LOMBARDO, SCOTT E</b>	ID. Number <b>Pc107</b>	Approved Date <b>03/14/2019</b>	# Offenses <b>0</b>	# Victims <b>2</b>	# Offenders <b>1</b>	# Premises Ent <b>0</b>	# Vehicles Stolen <b>0</b>
			# Arrested <b>0</b>				

## INCIDENT - PERSON(S) ( RMS )

Juvenile



1. Original

2. Supplement



Agency ORI Number <b>NY0390000</b>		Agency Name <b>PUTNAM COUNTY SHERIFF'S DEPT</b>		Agency Report Number <b>2019-000858</b>	
Original Report Date <b>03/02/2019</b>		Incident Type <b>FAMILY DISPUTE</b>			
<b>SUSPECT</b>					
Offense Indicator	Suspect Code <b>SUSPECT</b>	Juvenile <b>NO</b>	Name (First Middle Last +Family) <b>HUMBERTO RIVERA</b>		
Family / Maiden Name		Place of Birth <b>NY</b>	Citizenship <b>UNITED STATES</b>		Occupation
Last Known Address (Street, Apt. Number) <b>10 LAFAYETTE RD</b>		City <b>PATTERSON</b>	State <b>NY</b>	Zip <b>10509</b>	Phone <b>(347)506-9611</b>
Employer / School		Address		City	State Zip Business Phone
Social Security Number	Res. Type <b>N/A</b>	Res. Status <b>N/A</b>	INS# <b>0</b>	NCIC#	Arrest#
Driver License Number	DL State <b>NY</b>	DL Class	Driver License Expiration	Driver License Status	Suspension Length <b>0</b>
Required Endorsements	Commercial DL <b>NO</b>	Commercial Vehicle <b>NO</b>	Person Name Different Than On DL <b>NO</b>	Operator Owns Vehicle <b>NO</b>	NCIC Canceled By
Race <b>HISPANIC</b>	Ethnicity		Sex <b>MALE</b>	Date of Birth <b>[REDACTED]</b>	Age <b>41</b>
Hair Color	Hair Length	Hair Style	Facial Hair	Eye Color	Build
Scars / Marks / Tattoos (Location / Describe)					
Amputee		Special Identifiers		Unusual Features	
Injury Type(s)	Extent of Injury <b>NONE</b>	Mental / Physical Condition	Medication Required / Type		Doctor / Medical (Name, Phone Number)
Medical Aid Given	Treated	Sobriety	Transported?	Transported To:	Beginning Mileage: Ending Mileage:

## ADMINISTRATIVE

Report Contains <b>DIR</b>		Related Report Number(s)							
Officer(s) Reporting <b>VARBERO, THOMAS</b>	ID. Number <b>Pc32</b>	Name	ID. Number	Unit <b>PC32</b>	Date <b>03/03/2019</b>				
Officer Reviewing (If Applicable) <b>LOMBARDO, SCOTT E</b>	ID. Number <b>Pc107</b>	Approved Date <b>03/14/2019</b>	# Offenses <b>0</b>	# Victims <b>2</b>	# Offenders <b>1</b>	# Premises Ent. <b>0</b>	# Vehicles Stolen <b>0</b>	# Arrested <b>0</b>	

## INCIDENT - NARRATIVE CONTINUATION ( RMS )

Juvenile ☒

1. Original

2. Supplement ☐

Agency ORI Number NY0390000	Agency Name PUTNAM COUNTY SHERIFF'S DEPT.	Agency Report Number 2019-000858
Original Date Reported 03/02/2019	Incident Type FAMILY DISPUTE	

## NARRATIVE CONTINUATION

PTL REPORTS; COMPLAINANT WENDY COTTE STATES HER DAUGHTER [REDACTED] CALLED HER AND STATED SHE WAS FEELING UNSAFE WITH HER FATHER HUMBERTO RIVERA BECAUSE HE HAD BEEN DRINKING ALCOHOL.

[REDACTED] WAS AT HER FATHERS HOUSE AT 10 LAFAYETTE RD FOR HER VISITATION WEEKEND WITH HIM PER FAMILY COURT. SKARLETTE PLACED THE PHONE CALL TO HER MOTHER AND HER MOTHER WENDY CALLED THE POLICE TO CHECK ON HER DAUGHTER.

PTL ARRIVED AND SPOKE WITH NEW FAIRFIELD POLICE WHO WERE ON LOCATION AND THEN SPOKE WITH HUMBERTO WHO WAS IN FACT INTOXICATED. HUMBERTO WAS ASLEEP AND UNAWARE [REDACTED] HAD MADE THE PHONE CALL TO HER MOTHER. PTL ALSO SPOKE WITH JENNIKA SUERO WHO LIVES AT 10 LAFAYETTE AS WELL AND IS ENGAGED TO HUMBERTO, THEY SHARE A CHILD, [REDACTED] WHO DID APPEAR TO BE IN GOOD HEALTH. JENNIKA AND [REDACTED] WERE IN A SEPARATE BEDROOM WITH THE DOOR CLOSED AND JENNIKA STATED HE WAS UNAWARE ANYTHING HAD BEEN GOING ON.

PTL SPOKE WITH WENDY WHO WAS WAITING OUTSIDE WITH [REDACTED] IN A VEHICLE WHO STATED SHE DID NOT HAVE CONTACT WITH HUMBERTO BUT SHE FEARED FOR HER DAUGHTERS SAFETY AFTER RECEIVING A PHONE CALL. WENDY STATES ALCOHOL AND VIOLENCE HAS BEEN A PAST ISSUE WITH HUMBERTO.

SPEAKING WITH [REDACTED] SHE STATED THAT HER FATHER HUMBERTO TOOK HER PHONE FROM HER AND TOLD HER SHE WAS NOT ALLOWED TO CALL HER MOTHER EARLIER IN THE DAY. [REDACTED] ALSO STATES THAT HER FATHER TOOK HER MEDICATION FROM HER THAT SHE WAS PRESCRIBED BY A DOCTOR FOR STOMACH ISSUES SHE HAS BEEN HAVING. [REDACTED] STATED HER FATHER DID NOT HIT HER OR BECOME VIOLENT BUT SHE DID FEEL UNSAFE WITH HIS ACTIONS.

PTL EXPLAINED TO HUMBERTO AND JENNIKA THAT [REDACTED] WOULD BE LEAVING WITH HER MOTHER AND SHE DID NOT FEEL SAFE THERE. HUMBERTO BEGAN TO YELL AND PACE BACK AND FORTH STATING HE WANTED TO KNOW WHERE HIS DAUGHTER WAS. PTL EXPLAINED AGAIN

## ADMINISTRATIVE

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Officer Reviewing (If Applicable) LOMBARDO, SCOTT E.	ID. Number Pc107	Approved Date 03/14/2019	# Offenses 0	# Victims 2	# Offenders 1	# Premises Ent. 0	# Vehicles Stolen 0	# Arrested 0
Routed To CRIMINAL INVEST	Referred To							
Assigned To	By				Assigned Date			
Case Status OPEN	Exception Type				Date Cleared			



## INCIDENT - NARRATIVE CONTINUATION ( RMS )

Juvenile



1. Original

2. Supplement



Agency ORI Number NY0390000	Agency Name PUTNAM COUNTY SHERIFF'S DEPT.	Agency Report Number 2019-000858
Original Date Reported 03/02/2019	Incident Type FAMILY DISPUTE	

## NARRATIVE CONTINUATION

THAT [REDACTED] WOULD BE LEAVING WITH HER MOTHER AND FAMILY COURT WOULD DEAL WITH THIS ISSUE FURTHER. HUMBERTO WAS VISIBLY ANGRY AND INTOXICATED. PTL EXPLAINED TO JENNIKA THE SITUATION AND SHE STATED SHE UNDERSTOOD AND HUMBERTO WOULD BE FINE.

[REDACTED] LEFT WITH HER MOTHER WENDY AND WILL BE RETURNING HOME TO NYC.

BOTH PARTIES ADVISED TO SPEAK WITH FAMILY COURT REGARDING THIS ISSUE.

COMPLAINANT SPOKE TO CPS. CPS THEN FOLLOWED UP WITH PATROL WHO HAD NOTHING FURTHER TO ADD.

## ADMINISTRATIVE

Report Contains DIR		Related Report Number(s)						
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				PC32		03/03/2019		
Officer Reviewing (If Applicable) LOMBARDO, SCOTT E.	ID. Number Pc107	Approved Date 03/14/2019	# Offenses 0	# Victims 2	# Offenders 1	# Premises Ent. 0	# Vehicles Stolen 0	# Arrested 0
Routed To CRIMINAL INVEST		Referred To						
Assigned To		By				Assigned Date		
Case Status OPEN		Exception Type				Date Cleared		